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CONFIRMATION NO. 3658

<b>SERIAL NUMBER</b> 10/588,037	<b>FILING OR 371(c) DATE</b> 05/21/2007 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1655	<b>ATTORNEY DOCKET NO.</b> 30986/42246
<b>APPLICANTS</b> Thomas Arnebrant, Lund, SWEDEN; Ulla Elofsson, Sundbyberg, SWEDEN; Kare Larsson, Bjarred, SWEDEN;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/GB05/00426 02/07/2005 <i>SFI</i>				
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0402539.1 02/05/2004 <i>SFI</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 08/08/2007				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Verified and Acknowledged <i>Allowance</i> Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 8
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 4743				
<b>TITLE</b> Linseed Extract for Xerostomia Treatment				
<b>FILING FEE RECEIVED</b> 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	